

VERIFICATION FOR STATE COMPENSATION

I, _____, Judge of the _____ Court,
hereby affirm that I have appointed:

Name:
Home Address:
Home Telephone:
Business Address:
Business Telephone:
Social Security Number:
Email Address:

to the position of: (Check one of the following):

- ☐ Magistrate
☐ Juvenile Magistrate
☐ Small Claims Court Referee

The above-noted individual was appointed to begin service, effective _____(date). I affirm that such person is entitled to compensation as provided by law.

Pursuant to Indiana Administrative Rule 5(C), I acknowledge that I will notify the Division of State Court Administration, on forms approved by that agency, within two weeks of any change in the above-noted individual's employment status.

Judge's Signature

Date

Typed or printed name

Please complete and return this original, signed form by 1/31/01, to:

Division of State Court Administration
Attn: Payroll Section
115 W. Washington Street, Suite 1080
Indianapolis, Indiana 46204-3466

FAXED forms are not acceptable